Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Incident Information

URN: 918-04621-0375-263	Date: 06/14/18	Time: 1441	
Location: [redacted] West 110th Street	City or Station: Los Angeles		
Bureau/Station/Facility: South Los Angeles Station	Admin. Investigation: ○ YES ◉ NO		
Type of Force: Takedown, Control Holds, Resisted Handcuffing, Hobble			
Incident Category: ○ 1 ○ 2 ◉ 3	Deputy Injury: ○ YES ◉ NO	Suspect Injury ◉ YES ○ NO	
☒ Call	☐ Observation	☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit
IAB Notified: ◉ YES ○ NO	Person Notified: Lt. Kopperud	Emp: [redacted]	IAB Roll Out ◉ YES ○ NO

Involved Employee

E1

Employee #: [redacted]	Last Name: Torres	First Name: Jonathan	Middle I.: R.	Rank: DSG	
Sex: ◉ M ○ F	Race: H	Height: 5'08"	Weight: 170	Age: [redacted]	Shift: ○ EM ○ Day ◉ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: South Los Angeles Station	Work Assignment (Unit #, Module, etc.): 32				
Individual Force Used: Resisted Handcuffing, Control Holds	◉ Directed ○ Rescue ○ Medical Assist	Individual Category: ◉ 1 ○ 2 ○ 3			
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #:			

E2

Employee #: [redacted]	Last Name: [redacted]	First Name: [redacted]	Middle I.: [redacted]	Rank: DSG	
Sex: ◉ M ○ F	Race: H	Height: 5'07"	Weight: 200	Age: [redacted]	Shift: ○ EM ○ Day ◉ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: South Los Angeles Station	Work Assignment (Unit #, Module, etc.): 32				
Individual Force Used: Resisted Handcuffing, Control Holds	◉ Directed ○ Rescue ○ Medical Assist	Individual Category: ◉ 1 ○ 2 ○ 3			
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #:			

E3

Employee #: [redacted]	Last Name: Ortiz	First Name: Jorge	Middle I.: NMI	Rank: DSG	
Sex: ◉ M ○ F	Race: H	Height: 5'09"	Weight: 205	Age: [redacted]	Shift: ○ EM ○ Day ◉ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: South Los Angeles Staion	Work Assignment (Unit #, Module, etc.): 31B				
Individual Force Used: Takedown, Control Holds	◉ Directed ○ Rescue ○ Medical Assist	Individual Category: ◉ 1 ○ 2 ○ 3			
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #:			

On Duty Supervisor

☒ Additional Involved Employees

Emp. #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Jones	Mitchell	NMI	Sgt.	YES ◉ NO ○	YES ◉ NO ○

Supervisor Completing Investigation

Emp. #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Valle	Paul	S.	Sgt.	YES ○ NO ◉	YES ○ NO ◉

Watch Commander / Supervising Lieutenant

Emp. #	Last Name	First Name	Middle I.	Rank
[redacted]	Norman	Alise	NMI	Lt.

LT. ERIC SMITSON (signature) — 4-18-19

Watch Commander / Supervising Lieutenant's **Signature:** | Date | Copy Provided to Employee by: | Emp #:

Unit Commander **(Print Name)** | Unit Commander's **Signature**: | Emp #: | Date

DISCOVERY Use Only
FO# 2458949

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

SH-R-438P (Rev. 01/13)

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation

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Involved Employee

E4

Employee #	Last Name	First Name	Middle I.	Rank
[redacted]	Smith	Daniel	M.	DSG

Sex	Race	Height	Weight	Age	Shift	
(●) M ( ) F	W	5'11"	236	[redacted]	( ) EM ( ) Day (●) PM	(●) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)
South Los Angeles Station	31B

Individual Force Used		Individual Category
Resisted Handcuffing	(●) Directed ( ) Rescue ( ) Medical Assist	(●) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ______ Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
( ) M ( ) F					( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)

Individual Force Used		Individual Category
	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ______ Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
( ) M ( ) F					( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)

Individual Force Used		Individual Category
	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ______ Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
( ) M ( ) F					( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)

Individual Force Used		Individual Category
	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ______ Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
( ) M ( ) F					( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)

Individual Force Used		Individual Category
	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 ( ) 2 ( ) 3

☐ Injured ☐ Treated ☐ Admitted Facility: ______ Coroner Case #

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[redacted]	Pena	Luis	A.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
Mental Evaluation Team	H918W1	○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
		○ EM ○ Day ○ PM	○ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
		○ EM ○ Day ○ PM	○ Regular ○ OT ○ Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

☐ Additional Witness

Supervisor's Report on Use of Force
SUSPECT INFORMATION

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Suspect Information

S 1

Last Name: Jaafar | First Name: Hassan | Middle Name: NMI | Armed? Select: Other

AKA Last Name: | First Name: | Middle Name:

Sex: (●) Male ( ) Female | Race: O | Age: 54 | Height: 5'10" | Weight: 175 | D.O.B: 04/01/64 | Phone #1: ( ) H ( ) W ( ) C No phone | Phone #2: ( ) H ( ) W ( ) C No phone

Street Address: [redacted] | City: [redacted] | State & Zip Code: [redacted]

Booking #: 5340622 | Primary Charge Code: 594(b)(1) PC | Secondary Charge Code: | [redacted] Criminal History

Treated on Scene? (●) YES ( ) NO | Name: LA Co Fire Department | Unit: Station 14 | Phone #: (323) 881-2411

Hospital Admission? ☐ | Rec'd Treatment At: Harbor UCLA Med Cen | Coroner Case #: | Mental History ☒ User's guide provides direction on this entry

By: Dr. Stephanie Lauw | Address: 1000 West Carson St. Torrance, CA | Phone #: 310-222-3520

Under Influence: ( ) YES (●) NO | Substance: | 5150 a factor in force? (●) YES ( ) NO User's guide provides direction on this entry

Suspect Interview

Date: 06/14/18 | Time: 1630 | ☐ Audiotape: | ☒ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S_

Last Name: | First Name: | Middle Name: | Armed? Select:

AKA Last Name: | First Name: | Middle Name:

Sex: ( ) Male ( ) Female | Race: | Age: | Height: | D.O.B. | Weight: | Phone #1: ( ) H ( ) W ( ) C | Phone #2: ( ) H ( ) W ( ) C

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ( ) YES ( ) NO | By: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: | Address: | Phone #:

Under Influence: ( ) YES ( ) NO | Substance: | 5150 a factor in force? ( ) YES ( ) NO User's guide provides direction on this entry

Suspect Interview

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S_

Last Name: | First Name: | Middle Name: | Armed? Select:

AKA Last Name: | First Name: | Middle Name:

Sex: ( ) Male ( ) Female | Race: | Age: | Height: | D.O.B. | Weight: | Phone #1: ( ) H ( ) W ( ) C | Phone #2: ( ) H ( ) W ( ) C

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ( ) YES ( ) NO | By: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: | Address: | Phone #:

Under Influence: ( ) YES ( ) NO | Substance: | 5150 a factor in force? ( ) YES ( ) NO User's guide provides direction on this entry

Suspect Interview

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

☐ **Additional Suspects Involved**

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(RO) Restraint Device (Other)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(IR) Less Lethal Impact Round (other)
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative
(HR) High Risk

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Involved

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Suspect Jaafar	S1	Deputy Ortiz	E3	OB	NN	
Deputy Ortiz	E3	Suspect Jaafar	S1	CT	NN	
Deputy Torres	E1	Suspect Jaafar	S1	CT	NN	
Deputy [redacted]	E2	Suspect Jaafar	S1	CT	NN	
Suspect Jaafar	S1	Deputy Ortiz	E3	RS	NN	
Deputy Ortiz	E3	Suspect Jaafar	S1	TD	FR	WR
Suspect Jaafar	S1	Deputy Torres	E1	RS	NN	
Suspect Jaafar	S1	Deputy Smith	E4	RS	NN	
Suspect Jaafar	S1	Deputy [redacted]	E2	RS	NN	
Deputy Torres	E1	Suspect Jaafar	S1	RH	NN	
Deputy Smith	E4	Suspect Jaafar	S1	RH	NN	
Deputy Smith	E4	Suspect Jaafar	S1	HB	NN	